

S. 466

Quality Care for Moms and Babies Act

Current law:

SSA Section 1139A

Under SSA Section 1139A, the Secretary was required to identify and publish an initial core set of pediatric quality measures by no later than January 1, 2010. The Secretary, not later than January 1, 2011 and every three years thereafter, is also required to submit a report to Congress on, for example, the quality of children's health care under Medicaid and CHIP. A Pediatric Quality Measures Program (PQMP) was required to be established by January 1, 2011; this program is required to identify pediatric measure gaps and development priorities, award grants and contracts to develop measures, and revise and strengthen the core measure set, among other things. States are required to submit reports to the Secretary annually to include, for example, information about state-specific child health quality measures applied by the state. The Secretary is required to collect, analyze, and make publicly available the information reported by states, by not later than September 30, 2010, and annually thereafter. The Secretary was required, between FY2009 and FY2013, to award no more than 10 grants to states for demonstration projects to evaluate ideas to improve the quality of children's health care; in addition, the Secretary, not later than January 1, 2010, was required to establish a program to encourage the development and dissemination of a model electronic health record for children. The Institute of Medicine (IOM) was required to develop a report on measurement of child health status and quality by no later than July 1, 2010. Funding for these activities was appropriated in the amount of \$45 million for each of FY2009 through FY 2013.

SSA Section 1139B

SSA Section 1139B required the Secretary to publish a core set of Medicaid adult health quality measures by January 1, 2012. Also, no later than January 1, 2013, the Secretary was required to develop a standardized format for reporting information based on this initial core measurement set. The Secretary is required to submit a report to Congress by January 1, 2014, and every three years thereafter, that describes the Secretary's efforts to improve, for example, the quality of care of different services for adults under Medicaid. Within one year after the

release of the recommended core set of adult health quality measures, the Secretary is required to establish a Medicaid Quality Measurement Program (MQMP). To this end, the Secretary is required to award grants and contracts for developing, testing, and validating emerging and innovative evidence-based measures applicable to Medicaid adults. Not later than two years after the establishment of the MQMP, and annually thereafter, the Secretary is required to publish recommended changes to the initial core set of adult health quality measures based on the results of testing, validation, and the consensus process for development of these measures. States are required to submit reports to the Secretary annually to include, for example, information about state-specific adult health quality measures applied by the state. The Secretary is required to collect, analyze, and make publicly available the information reported by states, before September 30, 2014, and annually thereafter. Funding for these activities was appropriated in the amount of \$60 million for each of FY2010 through FY2014.

Funding Extensions

Section 210 of the Protecting Access to Medicare Act (PAMA, P.L. 113-93) extended funding only for the PQMP for FY2014 by requiring that \$15 million of the \$60 million appropriated under SSA Section 1139B(e) for FY2014 be used to carry out Section 1139A(b). The appropriation in Section 1139A(i) for funding to carry out Section 1139A (except for 1139A(e), the childhood obesity demonstration project) expired in FY2013; the funding designated to carry out Section 1139A(b) expired in FY2014. Similarly, funding for carrying out Section 1139B expired in FY2014.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA, P.L. 114-10) appropriated \$20million for the period of FY2016 and FY2017 for the purposes of carrying out Section 1139A. This funding is specifically excluded from being used to carry out the activities under Section 1139A(e) (the childhood obesity demonstration project); Section 1139A(f) (the development of a model electronic health record for children); and Section 1139A(g) (the IOM study of pediatric health quality).

S. 466, as modified:

Section 2 of the bill would add a new SSA Section 1139C, "Maternal and Infant Quality Measures." Under new Section 1139C(a), the Secretary would be required to identify and publish a core set of maternal and infant health quality measures for women and children, as specified, and would be required to do so in the same manner as the Secretary identified a

pediatric core set of measures under Section 1139A(a) and in consultation with specified stakeholders (e.g., states, physicians, and health facilities). In so doing, the Secretary would be required to ensure that, to the extent possible, the measures align with and do not duplicate the pediatric or Medicaid adult core quality measure sets under Sections 1139A and 1139B.

Under new Section 1139C(b), which specifies deadlines for activities under the section, the Secretary would be required to publish for comment a recommended core measure set by no later than January 1, 2018, and an initial core measure set by no later than January 1, 2019. The measures would be required to include the following, among others: (1) measures that address disparities; (2) measures that apply to a variety of care settings and provider types; and (3) measures of process, outcome, experience and efficiency of care. The Secretary would also be required, not later than January 1, 2020, to develop a standardized reporting format for the maternal and infant health quality measures, and would be required to, not later than January 1, 2021 and every 3 years thereafter, include in the report to Congress under Section 1139A(a)(6) information about the maternal and infant quality measures. The report under Section 1139A(a)(6) is required to include information about efforts to improve the quality of care for Medicaid and CHIP eligible women and children; reporting of the core measures; and recommended legislative changes to improve reporting and quality of care under these programs.

Finally, new Section 1139C(b) would require the Secretary, not later than 12 months after enactment, to establish a Maternal and Infant Quality Measurement Program, in the same manner as the Secretary was required to establish a Pediatric Quality Measures Program under Section 1139A(b). The Secretary would be required to publish recommended changes to strengthen and improve the initial core measure set, not later than 24 months after establishment of the Maternal and Infant Quality Measurement Program and annually thereafter, and any entity awarded a grant under the Maternal and Infant Quality Measurement Program would be required to advance eMeasures that are aligned with the core measures under Sections 1139A and 1139B. Amounts awarded as grants under the Maternal and Infant Quality Measurement Program would not be allowed to exceed the amount awarded as grants under the Pediatric Quality Measures Program under Section 1139A(b). New Section 1139C(c) would clarify that nothing in this section would be allowed to be construed as supporting the restriction of coverage, under Medicaid or CHIP or otherwise, to only evidence based services, or in any way limiting available services.

In addition, under new Section 1139C(d), the Agency for Healthcare Research and Quality (AHRQ) would be required to adapt the Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, as specified, for the purpose of measuring the care experiences of childbearing women and newborns. The survey would be required to be effective across various settings and caregivers, among other things, and would be required to be submitted to the National Quality Forum (NQF) for consideration for endorsement; adaptation of the survey would be required to be carried out in consultation with stakeholders, as specified, including professional organizations. New Section 1139C(e) would require States to annually report on state-specific maternal and infant quality measures and state-specific information on the quality of health care provided to Medicaid and CHIP eligible mothers and infants, as specified. The Secretary would be required, not later than September 30, 2021, and annually thereafter, to make the state-reported information publicly available.

New Section 1139C(f) would authorize to be appropriated \$16 million to carry out the activities under this section. Funds would be required to remain available until expended.

Section 3 of the bill would authorize the Secretary to award grants to eligible entities to support the development of maternity care quality collaboratives or to expand activities of existing collaboratives. An eligible entity would include quality collaboratives, entities seeking to establish a maternity care collaborative, state Medicaid agencies and departments of health, health insurance issuers, and provider organizations. Quality collaboratives receiving funding under this section would be required to develop and carry out plans for evaluating its maternity care quality improvement programs and projects and to publish these results, as specified, and would be required to engage in regular ongoing consultation, as specified. Quality collaboratives would be required to submit a report to the Secretary annually, as specified, and would be required to be governed by a multi-stakeholder executive committee, as specified, including, for example, physicians, nurses, nurse-midwives, consumers, Medicaid programs, and employers.

Projects and programs that may be supported by funding under this section would include those that have as their goal the improvement of the quality of maternity care (e.g., improving the appropriate use of cesarean sections); in addition, they would be required to meet criteria for use of measures, as specified (e.g., include a plan to identify and resolve data collection problems). Any reporting requirements established by such programs or projects would be required to minimize cost and use existing data resources where feasible. Activities that may be

supported by funding under this section would include, for example, facilitating performance data collection and feedback reports to providers and developing the capability to access data sources, as specified (e.g., a mother's medical records, an infant's medical records, and birth and death certificates). This section would also require the Secretary to establish an online clearinghouse to make available resources that may improve the quality of maternity care available across the collaboratives and individuals working in this area.

This section would authorize the appropriation of \$15 million to carry out the activities under this section; funds would be required to remain available until expended.

The mark would also amend section 1890(b) of the Social Security Act by directing the entity referred to in such section to facilitate increased coordination and alignment between the public and private sector with respect to quality and efficiency measures. The mark would also require such entity to make publicly available annual reports on its findings, which would be included in the annual report. These provisions would be effective upon enactment.